

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD_R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	No
Computer Readable Form (CRF)?::	No
Title::	ENTERIC COATING COMPOSITIONS
Attorney Docket Number::	11336.1024USWO
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	0
Small Entity::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Initial 8/18/2006

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: INDIA
Status:: Full Capacity
Given Name:: Suresh
Middle Name::
Family Name:: PAREEK
Name Suffix::
City of Residence:: Mumbai
State or Province of Residence:: Maharashtra
Country of Residence:: INDIA
Street of mailing address:: c/o Ideal Cures Pvt. Ltd. 6th Floor, Elecon
Chambers, Andheri-Kurla Road, Sakinaka,
Andheri (East)
City of mailing address:: Mumbai
State or Province of mailing address:: Maharashtra
Country of mailing address:: INDIA
Postal or Zip Code of mailing address:: 400 072

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: INDIA
Status:: Full Capacity
Given Name:: Ashok
Middle Name::
Family Name:: MOHANTY
Name Suffix::
City of Residence:: Mumbai
State or Province of Residence:: Maharashtra

Initial 8/18/2006

Country of Residence:: INDIA
Street of mailing address:: c/o Ideal Cures Pvt. Ltd. 6th Floor, Elecon
Chambers, Andheri-Kurla Road, Sakinaka,
Andheri (East)
City of mailing address:: Mumbai
State or Province of mailing address:: Maharashtra
Country of mailing address:: INDIA
Postal or Zip Code of mailing address:: 400 072

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: INDIA
Status:: Full Capacity
Given Name:: Shivaji
Middle Name::
Family Name:: KAMBLE
Name Suffix::
City of Residence:: Mumbai
State or Province of Residence:: Maharashtra
Country of Residence:: INDIA
Street of mailing address:: c/o Ideal Cures Pvt. Ltd. 6th Floor, Elecon
Chambers, Andheri-Kurla Road, Sakinaka,
Andheri (East)
City of mailing address:: Mumbai
State or Province of mailing address:: Maharashtra
Country of mailing address:: INDIA
Postal or Zip Code of mailing address:: 400 072

Initial 8/18/2006

Correspondence Information

Correspondence Customer Number:: 52835

Representative Information

Representative Customer Number::	52835
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Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/IB2004/000404	02/19/04

Assignee Information

Assignee Name:: IDEAL CURES PVT. LTD.
Street of mailing address:: 6th Floor, Elecon Chambers, Andheri-Kurla Road
Sakinaka, Andheri (East)
City of mailing address:: Mumbai
State or Province of mailing address:: Maharashtra
Country of mailing address:: INDIA
Postal or Zip Code of mailing address:: 400 072

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